

## MONTANA BOARD of BARBERS and COSMETOLOGISTS

Phone: (406) 841-2335

Email: [dlibsdcos@mt.gov](mailto:dlibsdcos@mt.gov)

Website: [www.cosmetology.mt.gov](http://www.cosmetology.mt.gov)



### COSMETOLOGIST LICENSES - GENERAL INFORMATION:

- **APPLICATION:** Cosmetologist licenses are valid for a two-year period. You must submit a completed Montana Board of Barbers & Cosmetologists application. The application must be submitted with all required documentation and appropriate fees, have an original signature and be notarized.

**Completed applications and fees must be sent to:**

**Montana Board of Barbers and Cosmetologists, PO Box 200513, Helena, MT 59620-0513.**  
(Make check payable to: Montana Board of Barbers and Cosmetologists)

- **FEES:**           **All fees are non-refundable and licenses are not prorated.**

|  |      |                                    |      |
|--|------|------------------------------------|------|
| License by Endorsement of other State: | \$45 | License by Examination:            | \$45 |
| Instructor License by Endorsement:     | \$60 | Instructor License by Examination: | \$60 |
| Inactive Instructor License:           | \$50 |                                    |      |

Examination & Retake Fees are paid to the testing agency (do not submit with application): \$70

### These Documents must be submitted with the application for a Cosmetologist license:

*incomplete applications are returned without being processed*

- 1) You must submit a true copy of your graduation diploma from a state-licensed Cosmetology School or program verifying completion of not less than 2,000 hours. If you are licensed in another state and have less than 2,000 hours of training submit an original verification of licensure (see item 5).
- 2) You must submit a true copy of your birth certificate, valid driver's license or passport as verification you are 18 years of age or older.
- 3) You must submit proof of completion of required education, high school graduation or equivalent.
- 4) If you are applying for licensure by endorsement, in addition to items (1) through (3) above, you must submit a copy of all current cosmetologist licenses.
- 5) If applying by Endorsement - You must request your current licensing state(s) provide you with an original State Board Verification(s) of licensure, which indicates the current license status and any disciplinary action against the license holder. The original verification(s) must be included in your application submittal. You are responsible for contacting these jurisdictions and paying any fees they may require for verification(s) – *the Montana Board of Barbers and Cosmetologists will not request these on your behalf.*

**Notice:** In the State of Montana, a person may not engage in performing cosmetology services until that person has received from the Montana Board of Barbers and Cosmetologists, a cosmetologist license. All licensees must perform services in a licensed shop or salon.

**A LICENSEE IS RESPONSIBLE FOR KNOWING AND COMPLYING WITH ALL BOARD STATUTES AND RULES. CURRENT STATUTES AND RULES MAY BE FOUND AT <http://www.cosmetology.mt.gov/>**

*Do not return this page with your application. Keep this page for your records.*

**An applicant may obtain a Montana Cosmetologist License in one of two ways:**

- I. Licensure by Examination:** You must be 18 years or older, provide proof high school graduation or equivalent. The applicant has completed 2,000 hours of cosmetologist training in a state licensed cosmetologist college. If the applicant has less than 2,000 hours of training, the applicant must possess a current cosmetologist license in another state (see II below). The applicant must take and pass the Montana recognized national examination and receive a score of 75% or better in each of the portions of the cosmetologist examination.

**- or -**

- II. Licensure by Endorsement:** The applicant must be 18 years or older provide proof high school graduation or equivalent. Applicant must be currently licensed in another state in good standing and have obtained that license with qualifications substantially equivalent to or greater than the current Montana license requirements, which requires completion of a 2,000 hours cosmetologist course of instruction.

Work experience is not taken into consideration for licensure.

The applicant must have proof of passing a national written cosmetologist examination with a score of 75% or better.

**An applicant may obtain a Montana Cosmetologist Instructor license in one of two ways:**

- I. Licensure by Examination:** The applicant must provide proof they are 18 years or older and proof of completion of high school diploma or equivalent. The applicant completed 650 hours of cosmetologist instructors training in a state licensed cosmetologist school. If the applicant has less than or no cosmetologist instructor training, provide proof of having been actively and continuously engaged in the practice of cosmetology in this state or any other state requiring a cosmetologist license, for at least 3 years immediately prior to application to take the instructors examination. The applicant must possess a current Montana's cosmetologist license.

**- or -**

- II. Licensure by Endorsement:** The applicant must be 18 years or older, provide proof of completion of high school diploma or equivalent. The applicant completed 650 hours of cosmetologist instructors training in a state licensed cosmetologist school. If the applicant has less than or no cosmetologist instructor training, provide proof of having been actively and continuously engaged in the practice of cosmetology in this state or any other state requiring a cosmetologist license, for at least 3 years immediately prior to application to take the instructors examination. The applicant must possess a current Montana's cosmetologist license and current valid cosmetologist instructor's license in any other state. The applicant must have proof of passing a national written cosmetologist instructor's examination with a score of 75% or better administered by a State Licensing Board.

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## **SUPPORTING DOCUMENTS REQUIRED to be submitted with application for cosmetologist**

### **Instructor License:**

- ☐ If you are applying for licensure by examination or endorsement, you must submit a true copy of your graduation diploma from a state-licensed cosmetologist school or program verifying completion of 650 hours of cosmetologist instructor training – **or** - provide proof of having been actively and continuously engaged in the practice of cosmetology in this state or any other state requiring a cosmetologist license, for at least 3 years immediately prior to application to take the instructors examination.

### **All Cosmetology Licenses:**

- ☐ You must submit a true copy of your birth certificate, valid driver's license or passport for verification of age.
- ☐ You must submit proof of completion of required education, not less than high school diploma or equivalent.
- ☐ You must submit original State Board Verification(s) of licensure status from every state in which the applicant has ever held a license. The original verification(s) may be included in your application packet or sent directly to the Montana Board of Barbers and Cosmetologists office from the state-licensing agency. State verification(s) should contain license status, disciplinary action, training hours completed, type of examination and examination scores. The applicant will be responsible for contacting these jurisdictions and pay any fees that are required for verification(s). Verifications must not be older than 6 months.

### **Please Note:**

- **The Board office has ten business days to process your completed application beginning on the business day it is received by our office.**
- **Incomplete applications will be returned to the applicant without being processed.**
- **License fees are non-refundable and licenses are not prorated.**

### **Important:**

- License holders are required to know and adhere to the rules set forth by the Board of Barbers and Cosmetologists. You may find the current rules on our website at [www.cosmetology.mt.gov](http://www.cosmetology.mt.gov)
- Licenses are issued for two-year periods. A license granted by the Board will expire on December 31<sup>st</sup> of the second year – even if the license was obtained in the middle of the two-year cycle. Example – A license issued on August 1, 2005 will expire on December 31, 2007.
- Failure to renew a license by December 31<sup>st</sup> of the year it expires will require the additional payment of a late fee before the license is renewed. The license expiration date is listed on every license issued by the Board.
- The Board office will mail a renewal notice, to the last address provided in writing, to each licensee, normally 45 days prior to the license expiration date. You are responsible to keep the Board office informed of your current mailing address. Failure to inform the Board of address changes may result in late fees being accessed.

**Important** – The US Postal Service will not forward mail from the Board office!

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# MONTANA BOARD of BARBERS and COSMETOLOGISTS

PO Box 200513

Helena, Montana 59620-0513

(406) 841-2335

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## Application for Licensure by:

(All fees are non-refundable and licenses are not pro-rated)

- ☐ Cosmetologist by Endorsement
- ☐ Instructor by Endorsement
- ☐ Esthetician by Endorsement
- ☐ Electrologist by Endorsement
- ☐ Manicurist by Endorsement

- ☐ Cosmetologist by Examination
- ☐ Instructor by Examination
- ☐ Esthetician by Examination
- ☐ Electrologist by Examination
- ☐ Manicurist by Examination

1. FULL

NAME \_\_\_\_\_  
Last First Middle

2. OTHER

NAME(S)

KNOWN

BY

(To include: Maiden name, Nicknames, and Other Married Names)

3. HOME ADDRESS

\_\_\_\_\_  
Street or PO Box # City and State Zip Country

4. TELEPHONE (\_\_\_\_)

Home

Fax

E-mail Address

5. SOCIAL SECURITY NUMBER \_\_\_\_\_ or FOREIGN ID NUMBER \_\_\_\_\_

6. DATE OF BIRTH \_\_\_\_\_

☐ MALE

☐ FEMALE

7. General Education: ☐ High School Diploma ☐ High School Equivalent ☐ Other

Name of High School:

Address of High School (minimum City & State):

Date of Graduation or Date of Equivalency:

Diploma received and Included: ☐ Yes ☐ No

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8. Professional Education/Training

|   |                   |
|---|-------------------|
| Name of Cosmetology School/College:   |                   |
| Address of School/College (minimum City & State):                               |                   |
| Training Dates: From  | To                |
| Total # hours acquired:   |                   |
| Date of Graduation:<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Diploma received: |

9. Have you ever applied or taken the Montana Board of Barbers and Cosmetologists licensure examination? ☐ Yes ☐ No

| List Type of Examination | Exam Date | Results of Examination |
|--------------------------|-----------|------------------------|
|                          |           |                        |
|                          |           |                        |

10. Have you ever taken a licensing examination in any other state or country? ☐ Yes ☐ No

| State/Country | Type of Examination | Exam Date | Results of Examination |
|---------------|---------------------|-----------|------------------------|
|               |                     |           |                        |
|               |                     |           |                        |
|               |                     |           |                        |

11. Profession Work Experience

|                   |
|-------------------|
| Duties:           |
| Name of Employer: |
| Name of Business: |
| Business Address: |
| Dates: From To    |

|                   |
|-------------------|
| Duties:           |
| Name of Employer: |
| Name of Business: |
| Business Address: |
| Dates: From To    |

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|                   |
|-------------------|
| Duties:           |
| Name of Employer: |
| Name of Business: |
| Business Address: |
| Dates: From To    |

12. List all the states, Canadian provinces and foreign countries in which you have ever been licensed.

| State/Country | License Number | Date Issued | Is the license Current | Specialty |
|---------------|----------------|-------------|------------------------|-----------|
|               |                |             |                        |           |
|               |                |             |                        |           |
|               |                |             |                        |           |
|               |                |             |                        |           |
|               |                |             |                        |           |

**Please answer the following questions. If you answer yes, give specific details on a supplementary sheet.**

13. ☐ Yes ☐ No Have you ever been denied by any state the right to take a profession licensing examination?  
If yes, provide a detailed explanation and a copy of the denial letter.
14. ☐ Yes ☐ No Have you ever been expelled from or asked to resign from any professional organization or been censured by a professional organization of which you were a member? If yes, attach a detailed explanation
15. ☐ Yes ☐ No Have you ever been charged with or convicted of a crime (including a plea of no contest or deferred prosecution) relating to violence, use or sale of drugs, fraud, deceit, or theft, or a crime committed during the course of your professional practice whether or not an appeal is pending? You may omit: traffic violations for which you paid a fine of \$100.00 or less and any charges or convictions prior to your 16<sup>th</sup> birthday.  
If yes, attach a detailed explanation and court documentation.
16. ☐ Yes ☐ No Has any legal or civil disciplinary action been filed against you which relates to the propriety or your fitness to practice the profession?  
If yes, attach a detailed explanation and provide documentation.
17. ☐ Yes ☐ No Has a licensing agency ever taken adverse or disciplinary action against your license?  
If yes, attach a detailed explanation and provide documentation from the licensing agency.
18. ☐ Yes ☐ No Have you ever been charged with fraud, formally or informally, in any civil proceeding?  
If yes, attach a detailed explanation and provide court documents and/or summary judgment.

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19. ☐ Yes ☐ No Have you been treated for the use or misuse of any prescription drug, alcoholic beverage, illegal chemical substance or any other mood-altering substance?  
If yes, give a detailed explanation and supporting documentation.
20. ☐ Yes ☐ No Have you any physical or mental condition, which may adversely affected your ability to practice the profession, including but not limited to, a contagious or infectious disease involving serious risk to the public?  
If yes, attach a detailed explanation.
21. ☐ Yes ☐ No Has a complaint ever been filed against you alleging unethical behavior or unprofessional conduct?  
If yes, provide a detailed explanation and a copy of the complaint.
22. ☐ Yes ☐ No Have you ever had a license or work permit denied, revoked, or suspended?  
If yes, provide details and supporting documentation.
23. ☐ Yes ☐ No Has your license or work permit ever been forfeited or surrendered?  
If yes, provide details and supporting documentation.

### AFFIDAVIT

I authorize the release of information concerning my education, training, record, character, license history and competence to practice, by anyone who might possess such information, to the Montana Board of Barbers and Cosmetologists.

I hereby declare under penalty of perjury the information included in my application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to return as incomplete or denial of my application or subsequent revocation of licensure on ethical or unprofessional grounds. I have read and am familiar with the Board of Barbers and Cosmetologists licensing laws and rules of the State of Montana and instructions to applicants for licensing. I accept the boards rules and procedures as the basis for processing my application and receiving a license.

\_\_\_\_\_  
Legal Signature of Applicant

\_\_\_\_\_  
Dated

Subscribed and sworn to by me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ at

\_\_\_\_\_  
City/State

\_\_\_\_\_  
Notary Public

SEAL

\_\_\_\_\_  
City/State

My commission expires \_\_\_\_\_, \_\_\_\_\_.

**Return this page with your application!**